

This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA1-2E
Short Form**

STATEMENT OF ACCOUNT
for Secondary Transmissions by
Cable Systems (Short Form)

General instructions are located
in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/25/2025	\$
	ALLOCATION NUMBER

Return completed workbook
by email to:

coplicsoa@loc.gov

For additional information,
contact the U.S. Copyright
Office Licensing Division at:
Tel: (202) 707-8150

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
Accounting Period	2025/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31				
		Barcode Data Filing Period (optional - see instructions)					
B Owner	<p>Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.</p> <p><input checked="" type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 063300</p>						
C System	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	Starpower Communications, LLC						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number) Princeton, NJ 08540 (City, town, state, zip code)						
<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">1</td> <td>IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td>2</td> <td>MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM:	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)
1	IDENTIFICATION OF CABLE SYSTEM:						
2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC	SYSTEM ID# 063300
D	Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.	
		Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.	
First Community		CITY OR TOWN	STATE
		Bristow	VA
Add Rows as Necessary			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC					SYSTEM ID# 063300
E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).</p> <p>Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).</p> <p>Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.</p> <p>Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."</p> <p>Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	2,068	8.80			
	• Service to first set					
	• Service to additional set(s)					
	• FM radio (if separate rate)					
	Motel, hotel					
	Commercial					
	Converter					
	• Residential					
	• Non-residential					
F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.</p>					
	BLOCK 1			BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:		Installation: Non-residential		See Next Tab	
	• Pay cable		• Motel, hotel			
	• Pay cable—add'l channel		• Commercial			
	• Fire protection		• Pay cable			
	• Burglar protection		• Pay cable-add'l channel			
	Installation: Residential		• Fire protection			
	• First set		• Burglar protection			
	• Additional set(s)		Other services:			
	• FM radio (if separate rate)		• Reconnect			
	• Converter		• Disconnect			
			• Outlet relocation			
			• Move to new address			
				35.00		

RCN Telecom Services - Starpower
Page 2 - Section F- Block 2
Additional Services Other Than Secondary Transmissions:Rate

Service	Type	Retail Rate
Playboy-Adult	Adult Premium	\$ 14.95
Aapka Colors	International Premium	\$ 14.95
ART-Arabic	International Premium	\$ 12.95
CCTV4	International Premium	\$ 9.95
CTI Zhong Tian	International Premium	\$ 11.95
CCTV4/CTI Zhong Tian	International Premium	\$ 11.95
The Filipino Channel (TFC)	International Premium	\$ 11.95
GMA Pinoy TV	International Premium	\$ 12.95
GMA Life TV	International Premium	\$ 9.95
GMA Pinoy/TFC	International Premium	\$ 19.95
GMA Life/GMA Pinoy/TFC	International Premium	\$ 29.95
GMA Pinoy/TFC/Filipino On Demand	International Premium	\$ 29.95
GMA Life/GMA Pinoy/TFC/Filipino On Demand	International Premium	\$ 35.95
TV-5 Monde	International Premium	\$ 9.95
Antenna Satellite	International Premium	\$ 14.95
Mega Cosmos	International Premium	\$ 11.95
Antenna Satellite/Mega Cosmos	International Premium	\$ 25.95
RAITALIA	International Premium	\$ 9.95
TV Japan	International Premium	\$ 24.95
MBC (Muhwa Broadcasting Corporation)	International Premium	\$ 12.95
TVK24	International Premium	\$ 12.95
TVK24/MBC	International Premium	\$ 19.95
MYX	International Premium	\$ 4.95
TVN24	International Premium	\$ 9.95
iTVN	International Premium	\$ 14.95
TVN24/iTVN	International Premium	\$ 19.95
RTPi	International Premium	\$ 9.95
TV Globo	International Premium	\$ 19.99
PFC	International Premium	\$ 19.95
TV Globo/PFC	International Premium	\$ 29.95
RTVI	International Premium	\$ 9.95
RTVI Plus	International Premium	\$ 9.95
RTVI/RTVI Plus	International Premium	\$ 14.95
Channel One Russia (C1R)	International Premium	\$ 14.95
Russian Television Network (RTN)	International Premium	\$ 15.95
NTV America	International Premium	\$ 15.95
C1R/RTN/NTV America/RTVI/RTVI Plus	International Premium	\$ 28.95
ITV Gold	International Premium	\$ 9.95
Star India Gold	International Premium	\$ 9.95
Star One (name change to LifeOK in 2012)	International Premium	\$ 9.95
Star India Plus	International Premium	\$ 11.95
TV Asia	International Premium	\$ 14.95
Zee TV	International Premium	\$ 14.95
ITV/TV Asia	International Premium	\$ 17.95
ITV/Zee TV/Aapka Colors	International Premium	\$ 19.95
Star Gold/Life OK/Star Plus/Aapka Colors	International Premium	\$ 21.95
TV Asia/Zee TV	International Premium	\$ 19.95

Service	Type	Retail Rate
Star Gold/Life OK/Star Plus/ITV	International Premium	\$ 26.95
Star Gold/Life OK/Star Plus/TV Asia	International Premium	\$ 27.95
Star Gold/Life OK/Star Plus/Zee TV/Aapla Colors	International Premium	\$ 34.95
Star Gold/Life OK/Star Plus/ITV/Tv Asia/Zee TV/Aapka Colors	International Premium	\$ 39.95
MiVision Lite	International Premium	\$ 12.00
MiVision Plus	International Premium	\$ 22.95
Premiere Sports	Premiere Packages	\$ 8.99
Premiere News & Information	Premiere Packages	\$ 5.99
Premiere Children & Family	Premiere Packages	\$ 5.99
Premiere Movies & Entertainment	Premiere Packages	\$ 10.99
Premiere Total (includes all 4)	Premiere Packages	\$ 18.95
HBO	Premium	\$ 19.95
Showtime/The Movie Channel (TMC)	Premium	\$ 16.95
Cinemax	Premium	\$ 8.95
Starz	Premium	\$ 11.95
Showtime/TMC/Starz	Premium	\$ 21.95
HD Tier	High Definition Package	\$ 9.95
HD Expanded Tier	High Definition Package	\$ 8.99
The Jewish Channel	Subscription VOD	\$ 6.50
Bollywood Hits On Demand	Subscription VOD	\$ 9.95
Filipino On Demand	Subscription VOD	\$ 7.95
here! On Demand	Subscription VOD	\$ 8.95
Anime Network On Demand	Subscription VOD	\$ 6.99
Too Much for TV On Demand	Subscription VOD	\$ 17.99
Disney Channel Video On Demand	Subscription VOD	\$ 4.99
Fox Soccer Plus	Sports Premium	\$ 14.95
MLB Extra Innings (Regular Season)	Sports Package	\$ 164.99
MLB Extra Innings (Half Season)	Sports Package	\$ 119.99
MLB Extra Innings (Pennant Race)	Sports Package	\$ 37.49
MLS Direct Kick (Full Season)	Sports Package	\$ 89.00
MLS Direct Kick (Half Season)	Sports Package	\$ 59.00
NFL Redzone (Full Season)	Sports Package	\$ 54.95
NHL Center Ice (Regular Season)	Sports Package	\$ 139.56
NBA League Pass (Early Bird Season)	Sports Package	\$ 189.00
NBA League Pass (Full Season)	Sports Package	\$ 199.00
NBA League Pass (Holiday Offer)	Sports Package	\$ 169.00
NBA League Pass (Half Season)	Sports Package	\$ 99.00
NBA League Pass (Race to Playoffs)	Sports Package	\$ 49.00

Accounting Period: 2025/1

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Starpower Communications, LLC

063300

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

H

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC	SYSTEM ID# 063300
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 208,086.31 IMPORTANT: You must complete a statement in space P concerning gross receipts. <small>(Amount of gross receipts)</small>	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. <p style="text-align: center;">BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</p> <p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p> <p>Line 1. Royalty fee for accounting period.</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2.</p> <p style="text-align: center;">BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</p> <p>1. Base amount under statutory formula. \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K. \$ 208,086.31</p> <p>3. Subtract line 2 from line 1. \$ 55,713.69</p> <p>4. Enter the amount of gross receipts from space K. \$ 208,086.31</p> <p>5. Enter the amount from line 3. \$ 55,713.69</p> <p>6. Subtract line 5 from line 4. \$ 152,372.62</p> <p>7. Multiply line 6 by .005 (enter figure here). \$ 761.86</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. \$ 761.86</p> <p style="text-align: center;">BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</p> <p>1. Enter the amount of gross receipts from space K.</p> <p>2. Base amount under statutory formula. \$ 263,800.00</p> <p>3. Subtract line 2 from line 1.</p> <p>4. Multiply line 3 by .01.</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula). \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.</p> <p style="text-align: center;">FILING FEE AND TOTAL REMITTANCE DUE</p> <p>Filing Fee and Total Remittance Due</p> <p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above). \$ 761.86</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations). \$ 20.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3. \$ 781.86</p> <p>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights! See page i of the general instructions in the paper SA1-2 form for more information.</p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Starpower Communications, LLC		SYSTEM ID# 063300
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.		
	1. Enter the total number of channels on which the cable system carried television broadcast stations	15	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	302	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)		
	Name	Brian Cioffi	Telephone 631-609-0917
	Address	650 College Road East, Suite 3100 (Number, street, rural route, apartment, or suite number)	
		Princeton, NJ 08540 (City, town, state, zip)	
	Email	brian.cioffi@astound.com	Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)		
	<ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 		
	<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
	<input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	<input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.		
	<ul style="list-style-type: none"> I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 		
	 X <i>/s/ Parisa Salehani</i> Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)		
	Typed or printed name: Parisa Salehani		
	Title: Senior Vice President - Controller <small>(Title of official position held in corporation or partnership)</small>		
	Date: 8/25/2025		

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Starpower Communications, LLC

SYSTEM ID#

063300**SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS**

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

NO

YES. Enter the total here and list the satellite carrier(s) below. \$

Name
Mailing Address
.....

Name
Mailing Address
.....

P

**Special Statement
Concerning Gross
Receipts Exclusion**

INTEREST ASSESSMENT

You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.

Line 1 Enter the amount of late payment or underpayment

x

Line 2 Multiply line 1 by the interest rate* and enter the sum here

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here
x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here

in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6

\$

(interest charge)

Q

Interest Assessment

* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.

** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.

NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.

Owner
Address
.....
ID number
First community served
Accounting period

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CONTROL #:

REMITTANCE #:



Cable Worksheet

Total amount of remittance	Number of SAs rec'd	Initials
----------------------------	---------------------	----------

Date of remittance	<input type="checkbox"/> Check	<input type="checkbox"/> EFT	<input type="checkbox"/> FILING FEES
--------------------	--------------------------------	------------------------------	--------------------------------------

Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		

Space A Accounting Period		
	<input type="checkbox"/> January 1 - June 30, 2017	<input type="checkbox"/> July 1 - December 31, 2017
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
Space B Owner		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
Space D Area Served		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
Space E Secondary Transission Service Subscribers: and Rates		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
Space G Primary Transmitters: Television		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
Space H Primary Transmitters: Radio		
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

		Space I Substitute Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space J Part-time Carriage Log (SA3 only)
<input checked="" type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal	
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	
		Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	